

## PART B - FEE(S) TRANSMITTAL

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21365 7590 08/14/2008

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(Depositor's name)  
 \_\_\_\_\_  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/601,913	06/23/2003	Patricia Gordon	GP087-04.CN1	8083

TITLE OF INVENTION: OLIGONUCLEOTIDES FOR USE IN DETERMINING THE PRESENCE OF HUMAN PAPILLOMA VIRUS IN A TEST SAMPLE

APPLN. TYPE	SMALL ENTITY	ISSUER FEE DUE	PUBLICATION FEE DUE	PMV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/14/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
KIM, YOUNG J	1637	435-006000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1Christine A. Gritzmacher  
 2Charles B. Cappellari  
 3Sheldon O. Heber

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLAISI NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
 Gen-Probe Incorporated

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)  
 San Diego, CA USA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 070835 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Christine A. Gritzmacher  
 Typed or printed name Christine A. Gritzmacher

Date September 11, 2008

Registration No. 40,627

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